FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

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OMB APPROVAL OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per response.....16.00

SEC	USE OF	VLY
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Name of Offering (check if this is an amendment and name has changed, and indicate change.) NORPAC TECHNOLOGIES, INC. Private Placement of Shares Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE
A. BASIC IDENTIFICATION DATA	06048453
1. Enter the information requested about the issuer	<u> </u>
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) NORPAC TECHNOLOGIES, INC.	
Address of Executive Offices (Number and Street, City, State, Zip Code) Suite 311, 698 Seymour Street, Vancouver, BC, Canada V6B 3K6	Telephone Number (Including Area Code) 604) 662-3406
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Beverage apparatus manufacturer	PROCESSED
Type of Business Organization corporation business trust limited partnership, already formed limited partnership, to be formed	ease specify):
Actual or Estimated Date of Incorporation or Organization: Month Year	TINANCIAL INC.

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ Beneficial Owner Executive Officer General and/or Check Box(es) that Apply: Promoter Director Managing Partner Full Name (Last name first, if individual) THORNTON, JOHN P. Business or Residence Address (Number and Street, City, State, Zip Code) 12500 Brunswick Place, Richmond, BC V7E 6J3 Promoter ☐ Director Check Box(es) that Apply: Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Promoter Check Box(es) that Apply: Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address General and/or Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

				В.	NFORMAT	TION ABOU	IT OFFER	ING				
1. Has th	e issuer sol	d or does	the issuer i	intend to se	ell to non-	accredited	invectore l	n this offer	ring?		Yes	No
	c 133der 301	u, or does			n Appendix				_	•••••		×
2. What i	is the minin	num invest					_				. \$	
											Yes	No
	he offering										نص	
commi If a per or state	the informations in the state of the state o	nilar remun sted is an as ame of the	eration for ssociated po broker or d	solicitation erson or ag ealer. If m	of purchas ent of a bro ore than fiv	sers in conn ker or deale e (5) perso	ection with or registere ns to be lis	sales of se d with the l ted are asse	curities in I SEC and/or	the offering	, ,. e	
Full Name	(Last name	first, if inc	lividual)						-			
Business or	Residence	Address (?	Number an	d Street, C	ity, State, 2	Zip Code)					 <u>-</u>	
Name of As	ssociated B	roker or De	alcr									
States in W	hich Person	n Listed Ha	s Solicited	or Intend	to Solicit	Purchasers			-		<u></u>	
(Check	"All State	s" or check	individua	l States)	•		•••••	**********			☐ A	ll States
AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR
Full Name	(Last name	first, if ind	lividual)							-	<u>.</u>	
Business o	r Residence	Address (Number an	d Street, C	City, State,	Zip Code)		· ·				
Name of As	sociated B	roker or De	aler						•••	·		
States in W	hich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers			·			*
	"All State:							•••••			□ AI	l States
AL	AK	AZ	ĀR	CA	CO	CT	[DE]	हिस्स		[6.]		
			KS	KY	LA	CT ME	DE MD	MA	FL MI	[GA]	MS MS	_ID_ MO
MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PĀ
RT	SC	SD	TN	TX	UT	[VT]	VA	WA	WV	WI	WY	PR
Full Name (Last name	first, if ind	ividual)		1					·		
Business or	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)		·				
Name of As	sociated Br	oker or De	aler									
States in WI											_	
(Спеск	"All States	or check	individuai	States)			•••••	***************************************	*****************		☐ A)	States
AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount a sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering this box and indicate in the columns below the amounts of the securities offered for exchange already exchanged.	, check	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$ 0.00	s 0.00
	Equity		\$ 500,000.00
	☑ Common ☐ Preferred		
	Convertible Securities (including warrants)	e 0.00	0.00 \$
	Partnership Interests		\$ 0.00
	Other (Specify)		
	Total		\$ 500,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, in the number of persons who have purchased securities and the aggregate dollar amount of purchases on the total lines. Enter "0" if answer is "none" or "zero."	ndicate	Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	2	\$ 500,000.00
	Non-accredited Investors	0	§ 0.00
	Total (for filings under Rule 504 only)	2	§ 500,000.00
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all second by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior first sale of securities in this offering. Classify securities by type listed in Part C — Questi	to the	
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	N/A	§ 0.00
	Regulation A	<u>N/A</u>	\$_0.00
	Rule 504	<u>N/A</u>	<u>\$_0.00</u>
	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution securities in this offering. Exclude amounts relating solely to organization expenses of the i The information may be given as subject to future contingencies. If the amount of an expend not known, furnish an estimate and check the box to the left of the estimate.	nsurer.	
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total		s 0.00

	C. OFFERING PRICE, NUM	BER OF INVESTORS, EXPENSES AND USE OF I	PROCEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."		·	\$
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate and fthe payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		□\$	\$
	Purchase of real estate		□ \$	
	Purchase, rental or leasing and installation of mac	chinery		
	and equipment		_	·
	Construction or leasing of plant buildings and fac		 \$. 🗆 s
	Acquisition of other businesses (including the val offering that may be used in exchange for the asse issuer pursuant to a merger)	ets or securities of another	□ \$	□\$
	Repayment of indebtedness		— ————	_
	Working capital		_	_
	Other (specify): Loan funds to merger candidate			
	Other (specify).		L 3	. 12
			\$	_ [] \$
	Column Totals		\$_0.00	500,000.00
	Total Payments Listed (column totals added)		\$ <u></u> 5	00.000,00
		D. FEDERAL SIGNATURE		
sig	issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	nish to the U.S. Securities and Exchange Commi-	ssion, upon writte	ile 505, the following on request of its staff
	er (Print or Type) PRPAC TECHNOLOGIES, INC.	Signature Cheta	Date December 1, 20	006
	ne of Signer (Print or Type) IN P. THORNTON	Title of Signer (Print or Type) President, Secretary and Treasurer		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE		
1.		30.262 presently subject to any of the disqualif		es No
		See Appendix, Column 5, for state respon	nse.	
2.	The undersigned issuer hereby under D (17 CFR 239.500) at such times a	rtakes to furnish to any state administrator of any as required by state law.	state in which this notice is filed	a notice on Form
3.	The undersigned issuer hereby under issuer to offerees.	ertakes to furnish to the state administrators, up	oon written request, information	furnished by the
4.	limited Offering Exemption (ULOE	hat the issuer is familiar with the conditions the of the state in which this notice is filed and undestablishing that these conditions have been so	derstands that the issuer claiming	
	uer has read this notification and knows thorized person.	the contents to be true and has duly caused this a	notice to be signed on its behalf by	the undersigned
Issuer (Print or Type)	Signaylire	Date	
NORPA	AC TECHNOLOGIES, INC.	Who I Make	December 1, 2006	
Name (Print or Type)	Title (Print or Type)	· · · · · · · · · · · · · · · · · · ·	

President, Secretary and Treasurer

Instruction:

JOHN P. THORNTON

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 2 3 4 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of waiver granted) investors in State offered in state amount purchased in State (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item I) Number of Number of Non-Accredited Accredited Yes No Investors Amount Investors Amount Yes No State AL AK AZAR CACO CTDE DC FL GA ΗI ID lL IN ĪΑ KS KY LA ME MDMA Μl MN MS

1	2		3		5				
·	Intend to non-a investor	d to sell accredited rs in State B-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item I)	4 Type of investor and amount purchased in State (Part C-Item 2)			Disqualificat under State UI (if yes, attace of investor and explanation purchased in State waiver grant		ite ULOE attach ition of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
мо									
МТ									
NE									
NV		×	Shares - \$500,000	2	\$500,000.00				,
NH									
NJ									
NM									
NY									
NC	(
ND			*						
ОН									
OK									
OR									
PA								Constitution beneficial as a second	
RI	***************************************	7							
SC									
SD									
TN						=			
TX	F (24,000)	***********							
UT									
VT	<u></u>								
VA									
WA									
WV									
WI	:			-				1	***************************************

١		2	3		5 Disqualification				
	to non-a	d to sell accredited as in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)		amount purchased in State			ate ULOF attach attion of granted)
State	Ves	No		Number of Accredited Non-Accredited Investors Amount Investors Amount				Yes	No
WY									Y
PR									